

492 Date of Mail 130 096

ACT 1035/002

RECEIVED BY RECIPIENT MAIL
NO INSURANCE PROVIDED

POSTMASTER
STATE UNLAWFUL MAILING
SALT LAKE CITY, UTAH 84114

SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

- The following service is requested (check one).
 - Show to whom and date delivered
 - RESTRICTED DELIVERY
(The restricted delivery fee is charged in addition to the return receipt fee.)

PS Form		TO RECIPIENT		TOTAL \$	
Postage		147		147	
Certified F. fee		50		50	
Special Delivery F. fee		50		50	
Return Receipt Showing Date Delivered		147		147	
Address of recipient, name and address of delivery		147		147	
RECEIVED BY RECIPIENT MAILING STRUCTURE		147		147	



City, State, and ZIP Code
(Name of Sender)

Street or P.O. Box
(Name of Sender)

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STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE.	
If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your carrier (no extra charge).	
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, day and month on the receipt, and mail the article.	
3. If you want your return address placed on the front of the article by means of the gummed ends of return receipt cards, otherwise attach the card to the front of the article. Endorse front of article RETURN RECEIPT REQUESTED, and enter the name and address of the addressee on the front of the article.	
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse REQUESTED DELIVERY on the front of the article.	
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt if return receipts are desired or if the applicable boxes in Item 1 of Form 3811 are checked.	
6. Save this receipt and present it if you make inquiry.	

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL			
PS Form			
RECEIVED BY RECIPIENT MAILING STRUCTURE			
7. UNABLE TO DELIVER BECAUSE			
7A. EMPLOYEE'S INITIALS			
6. ADDRESSEE'S ADDRESS (Only if requested)			
DATE OF RECEIPT BY REC'D BY AUG 20 1984			
POSTMARK			

